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## REQUEST FOR WITHDRAWAL AS ATTORNEY OR AGENT

Application Number	09/833,407
Filing Date	4/11/01 8
First Named Inventor	
Group Art Unit	
Examiner Name	
Attorney Docket Number	04676 105059 ATH

To: Assistant Commissioner for Patents Washington, DC 20231

I hereby apply to withdraw as attorney or agent for the above identified patent application.

The reasons for this request are:

As of September 9, 2002, I will be employed at the U.S. Patent & Trademark Office as a Patent Examiner. In compliance with 37 C.F.R. 10.10(c), which states that a practioner who is an employee of the Office cannot prosecute or aid in any manner in the prosecution of any patent application before the Office, I request to withdraw as an the above identifed patent application.

1. The correspondence address is NOT affected by this withdrawal.							
2. Change the correspondence address and direct all future correspondence to:							
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This request is enclo	sed in triplicate.						
Name	Josephine	Young			<u> </u>		
Signature	anglading						
Date	Peptember 3, 2002						
NOTE: Withdrawal is	s effective when approved rather	than when received.					

period for response or possible extension period, the request to withdraw is normally disapproved. Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

Unless there are at least 30 days between approval of withdrawal and the expiration date of a time